



*Due to the nature of some of the material in this course it is strongly suggested that registrants have at least a high school diploma or equivalent.

DEP 6028
Revised 03/14/06

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY**

**VISIBLE EMISSIONS EVALUATION COURSE
REGISTRATION FORM***

PLEASE TYPE OR PRINT CLEARLY

NAME: _____
(Last) (First) (Middle Initial)

JOB TITLE: _____

EMPLOYER: _____

BUSINESS MAILING ADDRESS: _____
(P.O. Box or Street)

(City) (State) (Zip Code)

EMPLOYER'S ADDRESS: _____
(If different from above) (P.O. Box or Street)

(City) (State) (Zip Code)

BUSINESS TELEPHONE: _____
(Area Code) (Number) (Extension)

PRIMARY JOB FUNCTION: _____

Date of Visible Emissions Course for which Registration is being made: _____

Course Dates – 2006
April 10-11 --- October 9-10

THIS REGISTRATION IS FOR (Check One): ☐ Original Kentucky Certification or ☐ Re-certification

DATE OF LAST KENTUCKY CERTIFICATION: _____

Have you received Certification In Visible Emissions from any organization other than the Kentucky Division for Air Quality? ☐ YES (if yes, please complete the following:) ☐ NO

NAME OF ORGANIZATION: _____

ADDRESS: _____

DATE OF CERTIFICATION _____ LOCATION: _____

SIGNATURE OF REGISTRANT: _____ DATE: _____

RETURN COMPLETE FORM TO:
Technical Services Branch
Attention: Gerald (Jerry) Slucher or Stephanie McCarthy
Division for Air Quality
803 Schenkel Lane
Frankfort, Kentucky 40601
Telephone: (502) 573-3382 --- FAX: (502) 573-3787
E-mail: jerry.slucher@ky.gov or stephanie.mccarthy@ky.gov